

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005257

FILED
Apr 21, 2009
Secretary of State

Entity Name: WEST ORANGE WOMEN, INC.

Current Principal Place of Business:

7224 GRACE ROAD
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7224 GRACE ROAD
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3275722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABER, SOLLY
5503 SCARINGTON COURT
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HABER, SOLLY
Address: 5503 SCARINGTON COURT
City-St-Zip: ORLANDO, FL 32821

Title: T () Delete
Name: GREENE, MARY
Address: 7224 GRACE ROAD
City-St-Zip: ORLANDO, FL 32819

Title: S () Delete
Name: ANSEL, DOTTIE
Address: 11014 BELMERE ISLES CIRCLE
City-St-Zip: ORLANDO, FL 34786

Title: V1 () Delete
Name: AEBISCHER, CINDY
Address: 5612 DEEPDALE DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: V2 () Delete
Name: ABOUSHAHBA, BARBARA
Address: 7999 CANYON LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: V3 () Delete
Name: WILSON, ELAINE
Address: 8408 LYRIC COURT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V2 (X) Change () Addition
Name: MAY, NANCY
Address: 3709 SIR ANDREWS STREET
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY GREENE

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date